

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		08/12/00
O.I.P.E. CLASSIFIER	<i>AS</i>		8-10-00
FORMALITY REVIEW		72121	7-18-00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
= ..... Allowed                      I ..... Interference  
- (Through numeral)..... Canceled      A ..... Appeal  
÷ ..... Restricted                      O ..... Objected

Claim	Date
Final Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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